



Incident Report

Print Date/Time: 05/12/2016 08:04
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008258

Incident Date/Time: 5/2/2016 5:22:00 PM
Location: 79TH/10TH

Incident Type: Traffic
Venue:

Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Victim	TAVARES, KATLYN FRANCES	522 RUSSELL RD SNOHOMISH WA 98290		White	Female	03/12/1998
1	Involved Party	QUIGLEY, JAMES KRISTOPHER	12800 17TH ST NE LAKE STEVENS WA 98258	(425) 319-1436	White	Male	10/28/1997
2	Victim	BYRD, GARY B	502 ALDER RD Granite Falls WA 98250	(253) 414-8593		Male	01/12/1999
1	Witness	JOHNSON, JENNIFER H	615 79TH DR	(425) 397-9021		Female	12/18/1974
2	Involved Party	McCutchen, Tyler J	8420 17TH ST SE LAKE STEVENS WA 98258	(425) 754-7388	White	Male	11/08/1998

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

Disposition(s)

Disposition	Count
S	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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05/02/2016 : 17:22:52 SP0386 Narrative: DOGS IN RD

16-00008358 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

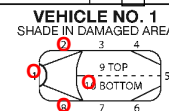
1591971

REPORT NO. **E540119**CASE # **16-00008358**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCK **BOULDER**TRIBAL
RESERVATIONDATE OF COLLISION **05** - **03** - **2016** TIME (2400) **1659** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
CEDAR RD BLOCK NO. ☒ **2400**
MILE POSTDISTANCE **FOREST RD** OF (REFERENCE OR CROSS STREET)
MILES **N** **E** **S** **W**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4259233242**LAST NAME **TAVARES** FIRST NAME **KATLYN** MIDDLE INITIAL **F**STREET NEW ADDRESS **522 RUSSELL RD**CITY **SNOHOMISH** ST **WA** ZIP **982905626**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **TAVARKF029DK** STATE **WA** SEX **F** D.O.B. **03** - **12** - **1998**ON DUTY ☐ STATUS **2** AIRBAG **4** RESTR. **1** EJECT **2** HELMET USE **1** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **ATC3964** STATE **WA** VIN# **JT2SV21W5J0143481**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1988** MAKE **TOYT** MODEL **CAM5D** STYLE **SW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **LORETTA TAVARES 522 RUSSELL RD SNOHOMISH WA 98290**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **METROPOLITAN INS 5173658290**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONELAST NAME **DIAR FLIP 2 LLC** FIRST NAME MIDDLE INITIALSTREET NEW ADDRESS **2404 CEDAR RD**CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

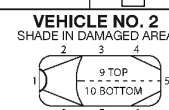
DRIVER'S LICENSE # STATE SEX **U** D.O.B. - -ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGEOFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **0072** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E540119**CASE # **16-00008358**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MCTAVEN TYLER J																
ADDRESS & PHONE # 1026 86TH AVE SE LAKE STEVENS WA 98258 3602968914										SEX M	D.O.B. MMDDYYYY 11	-	08	-	1998			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		BYRD GARY B																
ADDRESS & PHONE # 502 ALDER RD GRANITE FALLS WA 98250 2534148593										SEX M	D.O.B. MMDDYYYY 01	-	12	-	1999			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	6	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		QUIGLEY JAMES K																
ADDRESS & PHONE # 12800 17TH ST NE UNIT 7 LAKE STEVENS WA 98258 4253191436										SEX M	D.O.B. MMDDYYYY 10	-	28	-	1997			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	4	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

On 05/03/2016 at about 1659 hours I was dispatched to a single vehicle collision into a fence at the intersection of Cedar Road and Forest Road in the city of Lake Stevens.

Arriving on scene I spoke with the driver and found there had been three passengers in the vehicle at the time of the collision. There was also one witness who remained at the scene and completed a statement.

Based on evidence and statements at the scene, U1 was traveling northbound on Cedar Road and made a late left turn attempt onto westbound Forest Road (at a speed of 30-35mph in a 25mph speed zone). U1 went across the sidewalk on the north side of Forest Road, striking the fence (running westbound) and climbing several large boulders. U1 became high centered on the large boulders. The driver of U1 said she was going about 30mph and that her passengers had told her to turn; she was intending on turning at a different street.

The witness said she estimated U1's vehicle speed to be about 35mph and that the vehicle had a made a late turn at too fast of a speed.

It should be noted the fence is on the property of 2404 Cedar Road, which is vacant at this time. County records show the current tax payer on the property to be Diar flip 2 LLC. I left a copy of the collision report information and my business card on the front door of the residence.

U1 was moved off the boulders by friends of the driver and driven down the street.

There were no reported injuries at the time of the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN
05-04-16 02:05 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

5/4/2016 4:32:48 PM

BADGE OR ID #

0072

ORI #

WA0311900

TIME POLICE DISPATCHED

4:59 PM

TIME POLICE ARRIVED

5:04 PM


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E540119**CASE # **16-00008358**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		JOHNSON JENNIFER H																
ADDRESS & PHONE # 615 79TH DR NE LAKE STEVENS WA 98258 4253979021										SEX F	D.O.B. MMDDYYYY 12	-	18	-	1974			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

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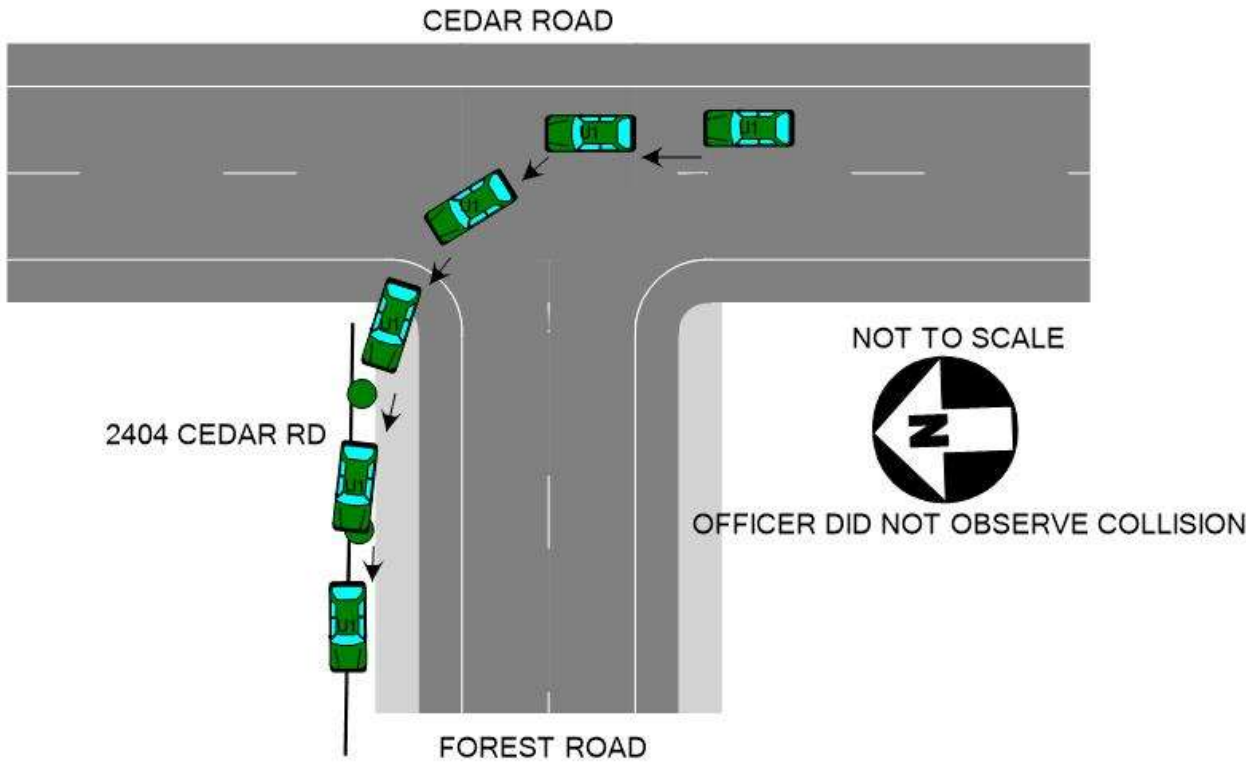
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN				05-04-16 02:05 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED	
APPROVED BY				PLACE SIGNED	
W. AUKERMAN 0072				5/4/2016 4:32:48 PM	
BADGE OR ID #	0072	ORI #	WA0311900	TIME POLICE DISPATCHED	4:59 PM
				TIME POLICE ARRIVED	5:04 PM

REPORT NO. E540119

CASE # 16-00008358

DATE AND TIME
OF COLLISION 05/03/16 16:59



STATEMENT BYRD, GARY B



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-8358VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Byrd, Gary B</u>	RACE <u>Black</u>	ETHNICITY <u>White</u>	SEX <u>M</u>	D.O.B. <u>1-12-99</u>	AGE <u>17</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>508 Aldern Road Granite Falls</u>		CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>			
HOME PHONE <u>N/A</u>		CELL PHONE <u>253-414-8593</u>		WORK PHONE <u>N/A</u>					
EMAIL ADDRESS (OPTIONAL) <u>garybyrd12@yahoo.com</u>				PLACE OF EMPLOYMENT <u>McDonalds</u>					

STATEMENT:

NO STATEMENT TO SIGN

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16 8358

☒ WI

NON-DISCLOSURE

[illegible]

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ____ OF ____



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-9358VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Quigley James Kristopher</u>	RACE <u>White</u>	ETHNICITY <u>Asian</u>	SEX <u>M</u>	D.O.B. <u>10/28/1997</u>	AGE <u>18</u>	HGT <u>57</u>	WGT <u>135</u>	HAIR <u>brown</u>	EYES <u>blue/green</u>
STREET ADDRESS <u>12800 17TH ST NE 98258 unit 7</u>			CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98298</u>		
HOME PHONE <u>NA</u>		CELL PHONE <u>425 319 1436</u>			WORK PHONE <u>NA</u>				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Snohomish Slicer dome</u>				

STATEMENT:

NO STATEMENT TO SIGN

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"


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[Help](#)
[Property Search](#) > [Search Results](#) > [Property Summary](#)

Property Account Summary

Parcel Number	00385600600102	Property Address	2404 CEDAR RD , LAKE STEVENS, WA 98258-9171
---------------	----------------	------------------	---

Parties - For changes use 'Other Property Data' menu

Role	Percent	Name	Mailing Address
Taxpayer	100	DIAR FLIP 2 LLC	12307 NE 97TH ST UNIT E, KIRKLAND, WA 98033
Owner	100	DIAR FLIP 2 LLC	12131 113TH AVE NE UNIT 201, KIRKLAND, WA 98034

General Information

Property Description	BAILY'S 2ND ADD TO L S SANDY BEACH TRS BLK 006 D-02 - SANDY BEACH TRSELY 144.83 FT AS MEAS ALG N LN LOT 1 AKA BLK P
Property Category	Land and Improvements
Status	Active, Locally Assessed
Tax Code Area	00408

Property Characteristics

Use Code	111 Single Family Residence - Detached
Unit of Measure	Acre(s)
Size (gross)	0.24

Related Properties

No Values Found

Active Exemptions

No Exemptions Found

Please wait while your current taxes are calculated.

Statement of Payable/Paid For Tax Year: 2016

Distribution of Current Taxes

District	Rate	Amount
CITY OF LAKE STEVENS	1.43	281.78
FIRE DISTRICT 08 LAKE STEVENS	1.78	351.00
LAKE STEVENS SCHOOL DIST NO 4	4.57	899.96
SNO-ISLE INTERCOUNTY RURAL LIBRARY	0.44	87.13
SNOHOMISH COUNTY-CNT	0.93	183.70
STATE	2.12	418.16
LAKE STEVENS CITY WMA		104.00
SNOHOMISH CONSERVATION DISTRICT		5.01
TOTALS	11.28	2,330.74

Property Summary

Page 2 of 3

Property Values

Value Type	Tax Year 2016	Tax Year 2015	Tax Year 2014	Tax Year 2013	Tax Year 2012
Taxable Value Regular	196,900	181,400	151,500	144,000	162,900
Exemption Amount Regular					
Market Total	196,900	181,400	151,500	144,000	162,900
Assessed Value	196,900	181,400	151,500	144,000	162,900
Market Land	107,700	97,000	77,000	70,000	76,000
Market Improvement	89,200	84,400	74,500	74,000	86,900
Personal Property					

Levy Rate History

Tax Year	Total Levy Rate
2015	12.145206
2014	13.074286
2013	13.819751

Real Property Structures

Description	Type	Year Built	More Information
1 Story	Dwelling	1926	View Detailed Structure Information

Property Sales (since 7/31/1999)

Transfer Date	Receipt Date	Sales Price	Excise Number	Deed Type	Grantor (Seller)	Grantee (Buyer)	Other Parcels
1/28/2016	2/8/2016	\$0	E062351	X	QUALITY LOAN SERVICE CORP	DIAR FLIP 2 LLC	No
7/24/2006	7/26/2006	\$265,000	206217	W	ROMANO SANDRA K	NEARING JEFFREY	No
9/30/2002	10/4/2002	\$176,000	370897	W	KOCH DAVID HANS & MELISSA D, H/W	ROMANO SANDRA K	No
9/30/2002	5/6/2003	\$0	374758	W	KOCH DAVID & MELISSA	ROMANO SANDRA K	No

Property Maps

Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
2616000	29	06	07	NE	View parcel maps for this Township/Range/Section

Receipts

Date	Receipt No.	Amount Applied
05/02/2016 00:00:00	8856972	1,165.37
10/28/2015 00:00:00	8496796	1,156.08
04/15/2015 00:00:00	8129500	1,156.07
10/28/2014 00:00:00	7932449	1,044.89
03/27/2014 00:00:00	7547698	1,044.88
09/24/2013 00:00:00	7277247	1,049.53
03/28/2013 00:00:00	7007939	1,049.53
10/05/2012 00:00:00	6745703	1,133.74
04/06/2012 00:00:00	6478329	1,133.74
10/06/2011 00:00:00	6208380	1,257.38
04/19/2011 00:00:00	5967515	1,257.37

Events

Effective Date	Entry Date-Time	Type	Remarks
02/08/2016	02/08/2016 09:52:49	Excise Processed	Temporary Excise: T034409 Finalized to: E062351
01/28/2016	02/10/2016 13:19:00	Owner Terminated	Property Transfer Filing No.: E062351 01/28/2016 by sasset
01/28/2016	02/10/2016 13:19:00	Owner Added	Property Transfer Filing No.: E062351 01/28/2016 by sasset

Property Summary

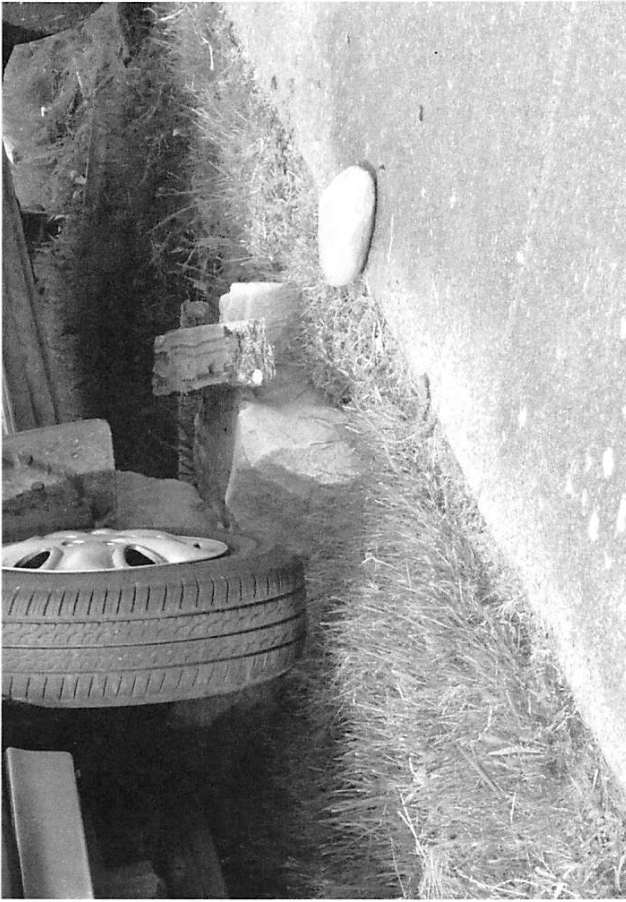
Page 3 of 3

01/28/2016	02/08/2016 09:52:00	Excise Processed	Property Transfer Filing No.: T034409, submitted by eREET 01/28/2016 by ASCEREET
04/22/2010	04/22/2010 09:22:00	Tax Code Area Change	Property Maintenance changed TCA from 00406 to 00408 in 2010. by SASCJH
10/13/2006	10/13/2006 10:25:00	Property Characteristic Changed	2007 State Forest Fire Units changed from 0.01 to by sascab
07/24/2006	08/10/2006 10:48:00	Owner Terminated	Property Transfer Filing No.: 206217 07/24/2006 by sasmas
07/24/2006	08/10/2006 10:48:00	Owner Added	Property Transfer Filing No.: 206217 07/24/2006 by sasmas
07/24/2006	08/03/2006 13:07:00	Taxpayer Changed	Property Transfer Filing No.: 206217 07/24/2006 by strpcs
07/24/2006	07/26/2006 11:18:00	Excise Processed	Property Transfer Filing No.: 206217, Statutory Warranty Deed 07/24/2006 by strphb
01/31/2006	01/31/2006 16:37:00	Annexation Completed For Property	CTYLKS ORD 719 - GREENSPACE - CAM WEST-added to annexation by batch process 87,261. by sascab
09/30/2002	10/04/2002 13:27:00	Excise Processed	Property Transfer Filing No.: 370897, Statutory Warranty Deed 09/30/2002 by strrjy
09/30/2002	10/04/2002 13:27:00	Taxpayer Changed	Property Transfer Filing No.: 370897 09/30/2002 by strrjy
09/30/2002	05/16/2003 13:03:00	Owner Terminated	Property Transfer Filing No.: 374758 09/30/2002 by sasset
09/30/2002	05/13/2003 09:10:00	Taxpayer Changed	Property Transfer Filing No.: 370897 09/30/2002 by sasklm
09/30/2002	05/06/2003 13:25:00	Excise Processed	Property Transfer Filing No.: 374758, Statutory Warranty Deed 09/30/2002 by strgss
09/30/2002	04/30/2003 12:01:00	Owner Added	Party/Property Relationship by sasdbn
09/30/2002	04/30/2003 12:01:00	Owner Terminated	Party/Property Relationship by sasdbn

Printable Version

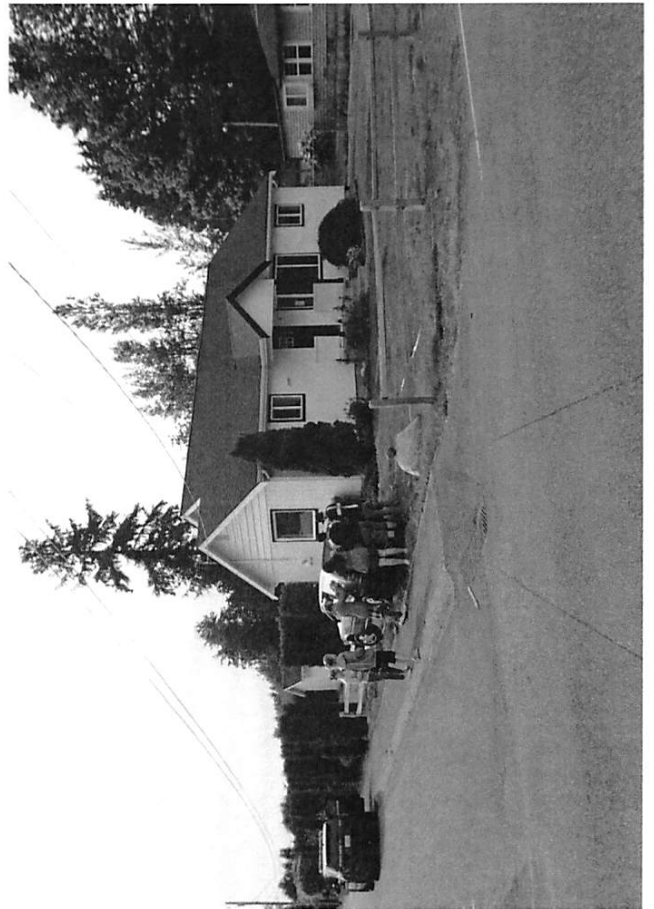
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 Version 1.0.5211.18540

2404 CEDAR RD



16 8358





16-8358

STATEMENT JOHNSON, JENNIFER HELENA



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-8358VICTIM ☐WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Johnson, Jennifer Helena</u>		RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>12/18/74</u>	AGE <u>41</u>	HGT <u>5</u>	WGT <u>7</u>	HAIR <u>Blk</u>	EYES <u>Blue</u>
STREET ADDRESS <u>615 79th DR NE</u>				CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE <u>425-397-9021</u>		CELL PHONE <u>425-359-8007</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) <u>cougfam@Comcast</u>				PLACE OF EMPLOYMENT <u>Olympic View Middle School</u>						

STATEMENT:

I was following ~~the~~ the gray wagon when the driver turned left abruptly from Cedar 1st on Forest Rd. She was past the road when deciding to turn, took the turn quickly & went up on rock, down fence line, and high centered on second rock. All four passengers female driver & 3 males exited & immediately & I asked if they were OK. They all said yes.

I then took my son to practice & returned, called 911 the operator said it had already been called in. I stayed until officers arrived on scene.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

5/3/16

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ____ OF ____

Forest / Cedar 2400

8350 - 1659



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-8358VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Mccutchen J Tyler</u>	RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>11-8-98</u>	AGE <u>17</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>1026 86th AVE SE</u>			CITY <u>lake steven</u>		STATE <u>WA</u>	ZIP <u>9825</u>			
HOME PHONE <u>/</u>		CELL PHONE <u>360-296-8914</u>		WORK PHONE <u>/</u>					
EMAIL ADDRESS (OPTIONAL) <u>mccutchenjtyler@yahoo.com</u>				PLACE OF EMPLOYMENT <u>/</u>					

STATEMENT:

missed the turn and tried to turn late

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Tyler Mccutchen

DATE SIGNED:

OFFICER/NUMBER: Aukerman #12

DATE SIGNED:

5-3-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"